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RISKTOPICS

Healthcare Workplace Violence: Non-Traditional Approaches to Prevention

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This Risk Topic discusses non-traditional approaches to addressing healthcare workplace violence prevention. Traditional approaches are discussed in a separate Risk Topic. When developing or re-assessing an existing program, both approaches should be evaluated and considered.

INTRODUCTION

As healthcare organizations attempt to improve their workplace prevention (WPV) programs today in regards to patient/resident aggression, many are evaluating the use of non-traditional program components. Traditional approaches (training, security personnel, investigation, physical barriers), while still important, deliver limited results and often do not significantly impact the frequency and/or severity of patient and employee injuries. Non-traditional and innovative methods are being successfully utilized. Many of these actions take minimal time and little additional cost.

DISCUSSION

The non-traditional actions discussed in this Risk Topic center around the use of a team based aggressive behavioral approach. This Aggressive Behavior Team ensures the program addresses individual patient/resident issues including:

- Medication levels
- Aggressive events
- Current level of acuity
- Attendance of any required group/individual counseling sessions

Team members are actively involved in assisting or conducting effective investigations, developing suggestions for improvement and ensuring controls are set in place to prevent accident reoccurrence. A multi-disciplinary team member committee should consider positive minded representatives from nursing, human resources, support services and risk management. These members should be held accountable for addressing needed improvements in regards to current traditional program components, as well as consideration and implementation of non-traditional approaches

Figure 1 highlights some successful non-traditional approaches for preventing workplace violence including conducting regular drills, using cameras and alarm systems, employing strong Human

Resources practices and incorporating process improvement methods into their WPV loss prevention program.

Figure 1. Non-Traditional Workplace Violence Program Components

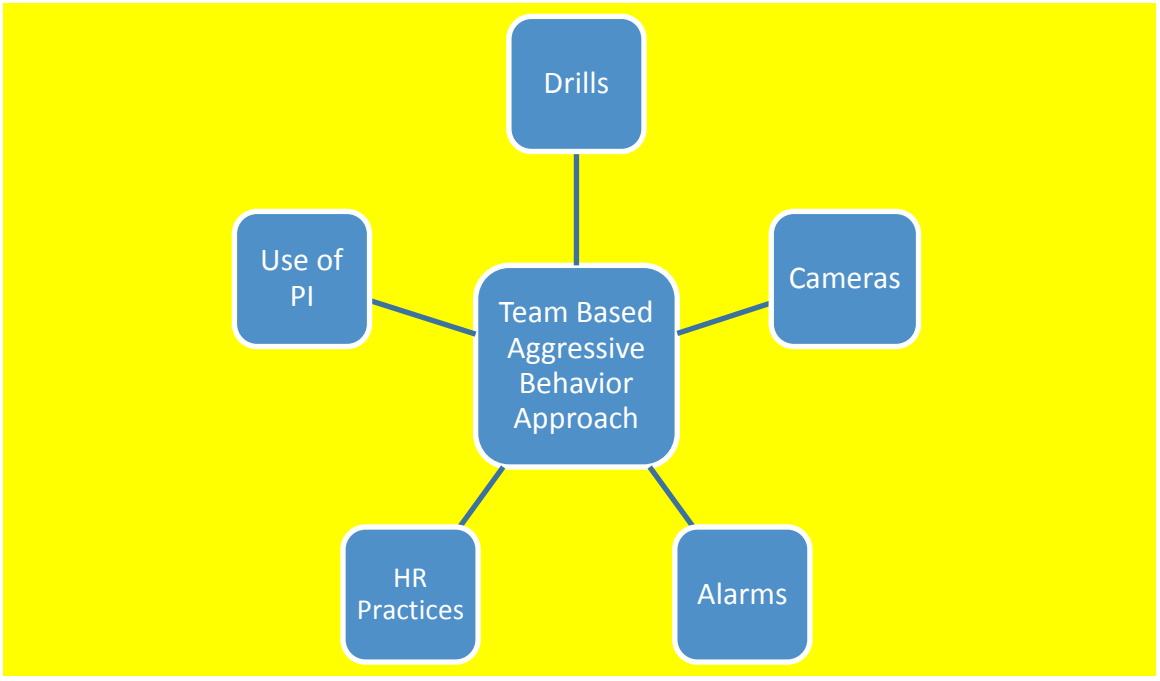

Table 1 below provides a list of activities to consider when implementing each “non-traditional” program component. A more thorough explanation of these activities follows.

GUIDANCE

Non-traditional approaches

Table 1.

Program Component	Considerations
Cameras	• Camera selection • Camera placement • Recording method • Monitoring approach • Staff training • Footage retrieval • Accident investigation • Camera maintenance and adjustment • Hand held video cameras
Drills	• Planned and surprise drills • Scenario selection • Interactive techniques • One-on-one drills • Critique methods • Addressing opportunities for improvement
Alarms	• Panic buttons vs. personal alarms • Placement locations • Activation methods

	• Staff training on use & expected reaction • Testing & maintaining equipment
Human Resource Practices	• Job physical demands reviews • Experience level placement • Staffing adjustments • Informal staff observations • Corrective actions
Process Improvement (PI)	• Annual goals • Staff training on effective PI methods

Cameras

- **Purchase good quality video equipment** and install in all areas of concern. Many camera systems are selected with limited budgets and self-installed. This often results in camera systems with poor viewing and recording quality. What use is a viewed event if you cannot make out who the individuals are on the viewing screen? Ceiling and wall mounted camera equipment should be of good quality to ensure proper visibility for current time and recorded viewing. Use of a professional contractor for a needs assessment and installation is advisable.
- **Place cameras in areas with the greatest potential for aggressive behavior event occurrence.** Consider where past events have occurred when selecting the initial installation sites. After the initial installation, budgets for additional equipment to address previously unrecognized blind spots and high risk areas are important. Installation should be secure and not within easy reach of patients/residents.
- **Evaluate the best method of recording**. Organizations must decide how long they want to keep recordings. Will a loop system be used that records over prior events or will separate tapes be maintained for a set period before disposal or reuse?
- **Decide if real time monitoring by staff is important**. If Security or Nursing staff have monitors for real time viewing, they should be held responsible for actually watching the screens on a regular basis.
- **Train staff members to avoid blocking the camera's view**. What good is a camera placed in an area where medication is dispensed if the employee is standing directly in front of the lens, blocking the dispensing activity?
- **Ensure an easy search and retrieval process**. Tapes should be well labeled with dates and areas.
- **Use recorded footage during the accident investigation process**.
- **Check periodically for equipment condition and adjustment needs.** Security or facilities management personnel should be well versed in inspecting equipment and making the needed minor adjustments (i.e. angle viewing changes and back up batteries) and know how to get equipment professionally repaired or replaced**.**
- **Consider purchase of a hand held video camera.** This equipment, if readily available, can supplement any recording equipment and can also be a handy tool for taping planned and surprise drills.

Drills

- **Conduct planned and surprise drills**. Annual training of employees on crisis prevention intervention should not be the only training done. With de-escalation in particular, the more one practices, the better one gets. Just as with disaster drilling, employees have a higher likelihood of successfully dealing with a workplace violence event if they feel comfortable with their skills. When employees realize that at any given time, they may be drilled, they will tend to think about the proper crisis prevention intervention technique to use as part of their job skills.
- **Select a variety of possible scenarios.** Scenarios (i.e. active shooter, angered patient/resident, rioting, unhappy family member) can be selected soliciting employee input and looking at prior loss records.
- **Vary the type of interactive technique used.** Again, as with disaster drills, it is not always possible to conduct an active drill in a clinical area. Table top drill discussions may be effective under some scenarios. A better learning approach is to find a training room and provide participants with "acting roles" in the selected scenario, giving them a chance to actively respond in a practice environment. This can be an entertaining and enlightening experience for all participants.
- **Conduct spot individual employee mini-drills.** If employees know that a committee member may come to them with a scenario and ask how they might react, workplace violence prevention will always be on their minds. They may even practice de-escalation methods away from work with friends or family members.
- **Critique all drills.** Decide what went right and what needs improvement. Committee members should share these findings with all applicable employees.
- **Promptly address all opportunities for improvement.** Closing the loop by finding solutions, implementing them and following up on progress is essential to ensuring the success of future drills and actual events.

Alarms

- **Use appropriate alarm devices to alert others of the situation.** Panic buttons installed under desk areas and personal alarm devices are the two most common types of equipment used to alert others nearby of a potential or actual workplace violence event and the need for assistance.
- **Consider the best areas for placing panic buttons.** Panic buttons need to be installed in areas where they are hidden but easily assessable to employees. Annual WPV program evaluation should include consideration of the adequacy and placement of panic alarms.
- **Evaluate the best alarm activation method.** Will the panic buttons alert the nursing station and/or ring directly in the Security department? Will alarms be silent or ring locally also?
- **Train staff members on use of this equipment and on how they are expected to respond when others use the devices.** Are staff members comfortable wearing and using personal alarm devices? If the panic alarm rings only locally, who is expected to call for Security department assistance? Will Security personnel always be contacted? Will two way radios also be available for communication and if so, are they properly charged at all times?
- **Test and maintain equipment.** Batteries on personal alarm devices should be checked regularly and replaced promptly. Panic buttons should be tested periodically to ensure they are properly working. Maintenance of this equipment is best performed by trained personnel or outside professionals. When not in use, personal alarm devices should be secured by the assigned employee.

HR Practices

- **Confirm the employee can meet the physical demands of the job.** With the average employer, physical demands of the job are discussed with the employee prior to job acceptance and possibly after an on the job injury. Supervisors should be well versed on their responsibility to ensure their employees continue to be able physically to perform their job. When in doubt, they should be required to discuss their concerns with Human Resources management.

- **Ensure the experience level of the employee matches the skill needed in the work area.** Mentoring programs are often used when a new employee enters an organization with minimal to no experience working with behavioral challenged patients/residents. Employees should never be allowed to work in such an area until they complete their crisis prevention intervention training.
- **Consider possible staffing changes**. Some organizations have been successful in rotating staff members periodically to other departments or areas when there are multiple behavioral health units. This is particularly important in forensic units where some patients/resident may attempt to manipulate employees. Other facilities have found male employees to be more effective when working with aggressive male patients/residents. Lastly, staffing levels should match or exceed the patient/resident ratios in areas with an above average exposure to workplace violence events.
- **Conduct informal staff observations.** Committee members should be charged with the responsibility of informally observing staff and patient/resident interactions. Is the employee regularly in the personal space of the patient/resident? Is the employee practicing appropriate body language? When working around the high risk patient/resident, is the employee always alert with good visibility of the patient/resident?
- **Implement corrective actions.** If an employee regularly practices poor body language, eye contact or other inappropriate behavior that may create a situation where the patient/resident with an aggressive tendency has an open door to “act out”, this employee should be counseled and the need for additional training should be evaluated.

Process Improvement (PI)

- **Implement annual PI goals for WPV prevention.** High risk units should be strongly encouraged to implement annual WPV event frequency and/or severity goals using the organization’s process improvement program.
- **Consider training staff members on effective problem solving and process improvement techniques.** Use of programs such as 6 Sigma, Fault tree analysis (FTA) and other analysis methods have the potential to improve WPV programs as well as other organization areas of concern.

CONCLUSION

Physical assaults by patients and residents continue to present challenges for healthcare workers. Incorporating innovative activities into enhanced traditional approaches to aggression are essential to achieve significant risk reduction. These suggested Best Practices, although not all inclusive, address the most successful program components of handling patient and resident aggression today. Their use may improve the overall workplace violence prevention programs and ultimately should aid in delivering healthcare organizations their promise of a safe and secure facility for all.

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